

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006028

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 99

Primary Registration District No.

Registrar's No.

FILED MAR 13 1962

1. PLACE OF DEATH

a. COUNTY

Dekalb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Dekalb

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Maysville

Length of stay in 1b

24 hrs.

c. CITY

OR TOWN

Stewartsville

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Sunset Rest Home

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Mayme

First

Middle

Evans

Last

4. DATE OF DEATH

Month

Day

Year

Mar. 2, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/6/73

9. AGE (last birthday)

88

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Louisville Ky.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Resch

13b. MOTHER'S MAIDEN NAME

Anna Fuhs

14. NAME OF HUSBAND OR WIFE

Joshua Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Frank Mauzey, Stewartsville

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

30 min.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

3/1/62 to 3/2/62 and last saw her alive on 3/2/62

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/5/62

23c. NAME OF CEMETERY OR CREMATOR

Stewartsville

23d. LOCATION (City, town, or county)

Stewartsville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

W. E. Summerfield, Stewartsville, Mo.

25. DATE RECD. BY LOCAL REG.

Mar 6 - 1962

26. REGISTRAR'S SIGNATURE

Fertie E. Davidson

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____ ✓
working under my personal supervision.

Student _____ ✓
Signature of Student Embalmer

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stuartsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.